Directions for Completing the Excess Cost Public Placement Application
SSD
8/06

Eligibility Criteria

Student must be placed outside of the domicile district by one of the following agencies: Division of Family Services, Division of Youth Services, Department of Mental Health, or a court of competent jurisdiction. The domicile of a student is the school district in which his/her parent(s) or legal guardian(s) reside. This district is where the student would return if released from state custody.

Guidelines

SSD may only submit applications for students with disabilities and for students in juvenile detention facilities.

Version A: Juvenile Detention Facilities
- **Use Version A for all publicly placed students, with and without IEPs, who are placed in Juvenile Detention Facilities within the county.**

Version B: Students with Disabilities in SSD Facilities
- **Use Version B for publicly placed students with IEPs whose domicile is outside of St. Louis County and who receive their educational services in SSD facilities.**
- **Special School District is responsible for providing special education services to all students with disabilities who reside in St. Louis County. Therefore, students with IEPs whose domicile district is in St. Louis County do not qualify for this fund.**

Version C: Students with Disabilities in Component Facilities
- **Use Version C for publicly placed students with IEPs whose domicile is outside of St. Louis County and who receive their educational services in Component District facilities.**

USE ONLY ONE APPLICATION PER VERSION. DESE WILL NOT ACCEPT MULTIPLE APPLICATIONS UNLESS PRIOR APPROVAL IS RECEIVED. There are several versions of the application available to districts. Due to the automatic calculations, the district will need to choose the application that best fits the number of students they are submitting for excess cost reimbursement. These directions only apply to Version VI: A, B, and C.

Version I - Up to 25 students
Version II - Up to 50 students
Version III - Up to 100 students
Version IV - Up to 200 students
Version V - Up to 400 students
Version VI - For Special School District Use Only
        A: Juvenile Detention Facilities
        B: Students with Disabilities served in SSD facilities.
        C: Students with Disabilities served in Component District facilities

Introductory Information – Cover Page

Type in the School District Name and County District Code on the top portion of Page 1 on the application.

Type in a contact name, an email address, a phone number, and a fax number. This person should be someone who can answer any questions the department may have regarding the application.

Type in the District's Calendar days from Core Data Screen 10.

All grey shaded areas on the application will automatically calculate as information is entered into the application.

_____

Instructions for Version A (For Juvenile Detention Students Only)

Student Worksheet

Indicate if the student has an Individualized Education Plan (IEP) by placing a number "1" in that column.

Type in each student's name and social security number under the *Student Information* section.

Enter the enrollment dates of the student.

Type in the student's domicile district code, or the code stated below if one the following situations apply:

Situation	Code
Terminated Parental Rights	TPR
Orphaned	ORP
Parents Are Incarcerated	INC
Parents Are Out of State	OTS
Unknown	UNK

County District Codes can be found at www.dese.mo.gov/divadm/finance/special.html. **If a code from above is used in place of a domicile district code, an Appendix C or other appropriate documentation must be submitted with the application.** An Appendix C form is attached at the end of this manual. This form needs to be sent to the placing agency to determine the domicile district for each student with a code above.

Enter the Local Tax Effort Rate for each domicile district code. These amounts can be found at the link on the PPF web page or at http://www.dese.mo.gov/divadm/finance/local/2004-05%20Local%20Tax%20Effort.htm. If the submitting district uses the codes listed above with the proper documentation, $0 will be the Local Tax Effort Amount. If the submitting district used the codes listed above without proper documentation, DESE will use the submitting district's Local Tax Effort Rate to determine the revenue amount.

Enter the student's total attendance days. Do not include ESY, as districts do not get paid Local Tax Effort for any extended school year.

After attendance is entered, ADA per student and the Local Tax Effort Revenue will automatically calculate.

Indicate with a "1" if the student received transportation services that were submitted to the state for transportation reimbursement.

The totals at the bottom of the page will automatically calculate as information is entered into the application.

Section I – Allocated State Aid Revenue

Line 1 of the Application: Enter the total amount from Line 1 (*Total District Entitlement)* of the Basic Formula Calculation sheet. Be sure to choose the total (1A + 1B) amount.
Line 2 of the Application: Enter the amount from Line E (*2005-2006 Payment EP)* of the Basic Formula Calculation sheet.
Line 3 of the Application: Enter the amount from Line 14 *(Total Free & Reduced Lunch – At Risk)* of the Basic Formula Calculation sheet. Be sure to choose the total (14A + 14B) amount.
Line 4 of the Application: Enter the F&R Lunch Count from Line 14 of the Basic Formula Calculation sheet. This is the first number listed in the formula.
Line 5 of the Application: Enter the number of eligible students for F&R Lunch on this Application who were enrolled the last Wednesday of January 2006.
Line 6 of the Application will automatically calculate from the information entered above.

Section II –Local Tax Effort Revenue

Line 7 of the Application will automatically calculate based upon the information entered on the student worksheet.

Section III – Costs

A detailed description and documentation for all DIRECT costs listed in this section must be attached to the application. DIRECT costs are those costs directly associated with educating the children on the application, and not the costs incurred by the district for normal operations.
If these classrooms/programs are only serving students who have been publicly placed 100% of their direct operating costs may be claimed. If other students are also being served in these classrooms/programs all costs in this section must be prorated according to the number of students on this application who are served in the program as compared to the total number of students in the program.

Line 8 of the Application: Calculate the salaries and benefits for staff directly involved in operating this classroom/program.   Enter the prorated amount on this line if the program also handles students who are not publicly placed.
Line 9 of the Application: Enter the cost of supplies/materials used by students.
Line 10 of the Application: Enter the total cost of related services provided for students in Option B.
Line 11 of the Application: If rent and utilities are paid by the district for this classroom/program, enter the prorated costs.

Line 12 of the Application: Enter any other costs incurred by this district not covered in this section. An attachment describing unique circumstances and documentation is required.
Line 13 of the Application: Total costs will automatically be calculated on this line.

Section VI – Miscellaneous Revenues

Line 14 of the Application: Enter the total amount of miscellaneous revenues received by the district. Miscellaneous revenues may include: Title I, and Medicaid Reimbursement for Direct Services. Attach a detailed description of revenues to application.

Summary of Revenues/Costs

Lines 15-20 of the Application: automatically fill in from each section of the application to calculate the Excess Cost Amount.

Please have the Superintendent sign and date the application before submitting to DESE.

Student Worksheet

Indicate with a number "1" in one of the three columns in the *Placing Agency* section under the agency that placed the student. The three options are Division of Family Services (DFS), Division of Youth Services (DYS), or Division of Mental Health (DMH).

Indicate if the student is eligible for adoption subsidy by placing a number "1" in that column. Adoption Subsidy is when a student is adopted; however, the adoption does not work out and the student is returned to state custody.

Indicate if the student has an Individualized Education Plan (IEP) by placing a number "1" in that column.

Type in each student's name and social security number under the *Student Information* section.

Indicate the student's school setting by placing a number "1" under the option that best describes the student's educational setting.

> Option A - This option is for students who attend regular and special education
>   classes at the component district setting. (Phase I & II classrooms)
> Option B - This option is for students who attend district operated
>   Separate classrooms/programs, such as residential or
>   detention facilities. (Phase III classrooms)
> Option C - This option is for students who have contractual placements with
>   other school districts or approved private agencies. (Purchase of Services)

Enter the enrollment dates of the student.

Type in the student's domicile district code, or the code stated below if one the following situations apply for those students who domicile district is **not** a component district:

Situation	Code
Terminated Parental Rights	TPR
Orphaned	ORP
Parents Are Incarcerated	INC
Parents Are Out of State	OTS
Unknown	UNK

County District Codes can be found at www.dese.mo.gov/divadm/finance/special.html. **If a code from above is used in place of a domicile district code, an Appendix C or other appropriate documentation must be submitted with the application.** An Appendix C form is attached at the end of this manual. This form needs to be sent to the placing agency to determine the domicile district for each student with a code above.

Enter the Local Tax Effort Rate for each domicile district code. These amounts can be found at the link on the PPF web page or www.dese.mo.gov/divadm/finance/special.html. If the submitting district uses the codes listed above with the proper documentation, $0 will be the Local Tax Effort Amount. If the submitting district used the codes listed above without proper documentation, DESE will use the submitting district's Local Tax Effort Rate to determine the revenue amount.

Enter the student's total attendance days. Do not include ESY, as districts do not get paid Local Tax Effort for any extended school year.

After attendance is entered, ADA per student and the Local Tax Effort Revenue will automatically calculate.

Indicate with a "1" if the student received transportation services that were submitted to the state for transportation reimbursement. The totals at the bottom of the page will automatically calculate as information is entered into the application.

Section I – Allocated State Aid Revenue

The district will need the Basic Formula Calculation sheet for this section. Go to the link on the PPF web page for the, or go to http://www.dese.mo.gov/divadm/finance/schfinance.html. Print the Basic Formula Calculation for June 2005.
Line 1 of the Application: Enter the amount of Flow through State Aid received from Component Districts.
Line 2 of the Application: Enter the amount of State Aid from Line F of the Basic Formula Calculation Sheet.
Line 3 of the Application: Enter the child count from Core Data, Screen 10.
Lined 4-5 of the Application will automatically calculate based upon the information entered above.

Section II –Local Tax Effort Revenue

Line 6 of the Application will automatically calculate based upon the information entered on the student worksheet.

Section III – Transportation Revenues

The district will need the BU110 Transportation Report to complete this section. Go to the link on the PPF web page for the, or go to http://www.dese.mo.gov/divadm/trans/districts/ReportIndex.html. Print the BU110 for June 2005.

Line 7 of the Application: Enter the amount from Line 54 *(Annual State Transportation Aid)* of the BU110 State Transportation Aid Report.
Line 8 of the Application: Enter the amount from Line 8 *(Grand Total Eligible ADT)* of the BU110 State Transportation Aid Report.
Line 9-10 of the Application will automatically calculate based upon the information entered above.

Section IV – Part B Entitlement

Line 11 of the Application: Enter the amount of Part B Entitlement Funds from the DESE Spreadsheet located at http://www.dese.mo.gov/divspeced/Finance/PartBCalcs.html
Line 12 of the Application: Enter the child count from the DESE Spreadsheet.
Lines 13-15 of the Application will automatically calculate based upon the information entered above.

Section V – EPA Revenue

Line 16 of the Application: Enter the amount of FTE for teachers that dealt directly with the IEP students on this application and are employed by the district.
Line 17 of the Application: Enter the amount of FTE for ancillary staff that dealt directly with the IEP students on this application and are employed by the district. FTE needs to be prorated based on time for these students only. Ancillary staff can include: Special Education Administrator/Supervisor, Process Coordinator, audiologist, education diagnostician, occupation therapists, physical therapists, orientation and mobility specialist, counselor, school psychological examiner, school social worker, school nurse, interpreter of the deaf, and psychologist.
Line 18 of the Application: Enter the amount of FTE for Aides that dealt directly with the IEP students on this application. FTE needs to be prorated based on time for these students only.
Line 19 of the Application will automatically calculate based upon the number of IEP students entered on the student worksheet.
Line 20 of the Application: Enter the number of teacher hours spent in ESY for these IEP students only.
Line 21 of the Application: Enter the number of ancillary hours spent in ESY for these IEP students only.
Line 22 of the Application: Enter the number of aide hours spent in ESY for these IEP students only.
Line 23 of the Application will automatically calculate based upon the information entered above.
Line 24 of the Application: Enter the number of hours submitted to DESE for Homebound Reimbursement for the students on this application.
Line 25-26 of the Application will automatically calculate based upon the information entered above.

Section VI – Costs

A detailed description and documentation for all DIRECT costs listed in this section must be attached to the application. DIRECT costs are those costs directly associated with educating the children on the application, and not the costs incurred by the district for normal operations. For example, district administration, and overhead for district buildings are all costs associated with regular business operations. Costs for this application may include: teachers and aides hired specifically for the children on this application, supplies for classrooms specific to this application, assistive technology, lease costs for space not owned by the district, and transportation specific to these students.

Option A (Phase I & II Classrooms)
Use Option A for students on this application who attend regular or special education classes within the district.
Line 27 of the Application: Enter the current expenditure per ADA from the ASBR Current Expenditure Report.
Line 28 of the Application: This line will automatically multiply the amount in line 36 by the ADA for the students listed in the Option A column.

Line 29 of the Application: Enter the cost (salaries plus benefits) of personal paraprofessionals provided for students in Option A.

Line 30 of the Application: Enter the cost of any assistive technology devices or services purchased for students in Option A.

Line 31 of the Application: Enter the total cost of related services provided for students in Option A.

Line 32 of the Application: Enter transportation costs for students in Option A who are not being transported on regular bus routes.

Line 33 of the Application: Enter any other costs incurred by this district not covered in this section. An attachment describing unique circumstances and documentation is required.

Line 34 of the Application: Total costs for Option A will automatically be calculated on this line.

Option B (Phase III Classrooms)

Use Option B for students who attend district operated separate classrooms/programs, such as residential or detention facilities.

If these classrooms/programs are only serving students who have been publicly placed 100% of their direct operating costs may be claimed. If other students are also being served in these classrooms/programs all costs in this section must be prorated according to the number of students on this application who are served in the program as compared to the total number of students in the program.

Line 35 of the Application: Calculate the salaries and benefits for staff directly involved in operating this classroom/program. Enter the prorated amount on this line.

Line 36 of the Application: Enter the cost of supplies/materials used by students in Option B.

Line 37 of the Application: Enter the amount of assistive technology devices or services purchased for students in Option B.

Line 38 of the Application: Enter the total cost of related services provided for students in Option B.

Line 39 of the Application: If rent and utilities are paid by the district for this classroom/program, enter the prorated costs.

Line 40 of the Application: Enter any other costs incurred by this district not covered in this section. An attachment describing unique circumstances and documentation is required.

Line 41 of the Application: Total costs for Option B will automatically be calculated on this line.

Option C (Purchase of Services)

Use Option C for students who are receiving services through contractual placements with other districts or approved private agencies.

Line 42 of the Application: Enter the total amount of tuition paid for the students listed under Option C.

Line 43 of the Application: Enter transportation costs for students in Option C.

Line 44 of the Application: Enter the total cost of related services provided for students in Option C.

Line 45 of the Application: Enter the amount of related services provided for students in Option C.

Line 46 of the Application: Enter the cost of supplies/materials, if any, purchased for students in Option C.

Line 47 of the Application: Enter any other costs incurred by this district not covered in this section. An attachment describing unique circumstances and documentation is required.

Line 48 of the Application: Total costs for Option C will automatically be calculated on this line.

Section VII – Miscellaneous Revenues

Line 49 of the Application: Enter the total amount of miscellaneous revenues received by the district. Miscellaneous revenues may include: Title I, Special Education Assistive Technology Grants, and Medicaid Reimbursement for Direct Services. Attach a detailed description of revenues to application.

Summary of Revenues/Costs

Lines 50-61 of the Application: automatically fill in from each section of the application to calculate the Excess Cost Amount.

Please have the Superintendent sign and date the application before submitting to DESE.

LEGAL RELEASE OF CONFIDENTIAL INFORMATION TO SCHOOL DISTRICT

SECTION A – To be completed by the school district/DESE	
Child's Name:	
Date of Birth:	
Social Security Number:	
Departmental Client Number (DCN) if known:	
Dates of attendance for billback:	____-____-20____ to ____-____-20____
Request from:	_____ at _____ (name of person) (school district)

By accepting this information I/we agree not to re-release any information or to use it for any purpose other than the administrative activities authorized by the cooperative agreement between DESE and the Division of Family Services.

SECTION B – To be completed by the county DFS office liaison
1. Was the above named child in DFS custody (LS-1) during the above listed dates?   _____yes _____no If yes, go to #2. If no, STOP!
2. Was the above named child placed in the above named school district during the dates specified?   _____yes _____no If yes, go to #3. If no, STOP!
3. Were the parents' rights of the above named child terminated either prior to or during the dates specified?   _____yes _____no If yes, STOP! If no, go to #4.

4. Please list the following information (if known):

<u>Mother</u>	<u>Father</u>
Address:	Address
State, Zip Code:	State, Zip Code:

DFS Liaison: _____ at _____   (name)   (county office)
Date: